

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5						
6						
7						
8						
9						
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
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47						
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	93	↓	↓	↓	←	←
TOTAL CLAIMS	33	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████